



02/13/02

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.		<b>740756-2435</b>
First Inventor		Hirokazu YAMAGATA et al
Title	<b>LIGHT EMITTING DEVICE AND METHOD OF MANUFACTURING THE SAME</b>	
Express Mail Label No.		

J1000 US PRO  
10/07/2004

02/13/02

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Applicant claims small entity status.  
See 37 CFR 1.27.
3.  Specification [Total Pages 57]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications (if applicable)
  - Statement Regarding Fed sponsored R & D (if applicable)
  - Reference to sequence listing, a table, or a computer program listing appendix (if applicable)
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) **Figs. 1A-23B** [ Total Sheets 23]
- Oath or Declaration [ Total Pages 5]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
- Application Data Sheet. See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, if in an Application Data Sheet under 37 CFR 1.76.

 Continuation     Divisional     Continuation-in-part (CIP)

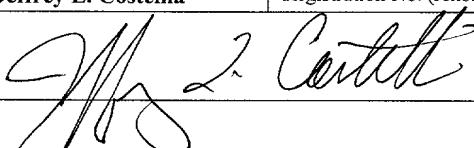
of prior application No. \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	22102				<input type="checkbox"/> or <input type="checkbox"/> Correspondence address below
Name	Jeffrey L. Costellia				
Address	Nixon Peabody LLP 8180 Greensboro Road Suite #800				
City	McLean	State	Virginia	Zip Code	22102
Country		Telephone	(703) 790-9110	Fax	(703) 883-0370
Name (Print/Type)	Jeffrey L. Costellia	Registration No. (Attorney/Agent)			#35,483
Signature				Date	2/13/02

# FEE TRANSMITTAL FOR FY 2001

*Patent fees are subject to annual revision.*

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\\$) 2526.00</b>
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<b>METHOD OF PAYMENT</b>		<b>FEE CALCULATION (continued)</b>	
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1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number  
**19-2380 (740756-2435)**

Deposit Account Name  
**Nixon Peabody LLP**

- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- Applicant claims small entity status  
See 37 CFR 1.27

2.  **Payment Enclosed:**

Check     Credit Card     Money Order     Other

**FEE CALCULATION**

**BASIC FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
101	740	Utility filing fee	740.00
106	330	Design filing fee	
107	510	Plant filing fee	
108	740	Reissue filing fee	
114	160	Provisional filing fee	

**SUBTOTAL (1) (\\$) 740.00**

**EXTRA CLAIM FEES**

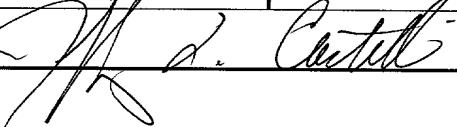
Total Claims	Extra Claims	Fee from below	Fee Paid
61	-20** =	41 X 18.00	= 738.00
Independent Claims	15	-3** =	12 X 84.00 = 1008.00
Multiple Dependent			

Large Entity Fee Code	Small Entity Fee Code	Fee Description	(\\$)
103	18	Claims in excess of 20	
102	84	Independent claims in excess of 3	
104	280	Multiple dependent claim, if not paid	
109	84	** Reissue independent claims over original patent	
110	18	** Reissue claims in excess of 20 and over original patent	

**SUBTOTAL (2) (\\$) 1746.00**

\*\*or number previously paid, if greater, For Reissues, see above

<b>SUBMITTED BY</b>	Complete (if applicable)		
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Name (Print/Type)	Jeffrey L. Costellia	Registration No. (Attorney/Agent)	#35,483	Telephone	(703) 790-9110
Signature				Date	2/13/02

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Washington, DC 20231, on \_\_\_\_\_

Name \_\_\_\_\_